

HIT Standards Committee Meeting Final Transcript May 26, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good morning and welcome, everybody, to the 13th meeting of the HIT Standards Committee. This is a federal advisory committee, which means the public will have opportunity at the end of the meeting to make comment. This is also a virtual meeting. It is available by dial-in telephone and the ONC Web site. If you care to go there to see the slides, it's under the HIT Standards Committee.

Workgroup members, please remember to identify yourselves when talking for transcription purposes. And let me do a quick roll call. Jonathan Perlin?

Jonathan Perlin – Hospital Corporation of America – CMO & President

Good Morning.

Judy Sparrow – Office of the National Coordinator – Executive Director

John Halamka?

John Halamka – Harvard Medical School – Chief Information Officer

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Dixie Baker? Anne Castro?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Aneesh Chopra? Christopher Chute?

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Janet Corrigan?

Janet Corrigan – National Quality Forum – President & CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

John Moehrke?

John Moehrke – Interoperability & Security, GE – Principal Engineer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carol Diamond? Jamie Ferguson? Steve Findlay? Linda Fischetti? Kamie Roberts or Cita Furlani?

Kamie Roberts – NIST – IT Lab Grant Program Manager

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Martin Harris? Stan Huff?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Kates for Kevin Hutchinson? John Klimek?

John Klimek – NCPDP – VP Industry Information Technology

Good morning.

Judy Sparrow – Office of the National Coordinator – Executive Director

David McCallie?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Good morning.

Judy Sparrow – Office of the National Coordinator – Executive Director

Judy Murphy? Nancy Orvis?

Eric Strom – DoD Military Health System – Program Management Support

Eric Strom in for Nancy.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thanks, Eric. Marc Overhage? Wes Rishel?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Cris Ross? Rick Stephens? Walter Suarez? Sharon Terry? Karen Trudel?

Karen Trudel – CMS – Deputy Director, Office E-Health Standards & Services

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jim Walker? Did I leave anybody off?

Judy Murphy – Aurora Healthcare – Vice President of Applications

Judy Murphy just joined.

Judy Sparrow – Office of the National Coordinator – Executive Director

Judy, good morning.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

And Carol Diamond just joined.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carol, thank you. Alright, with that I'll turn it over to Jonathan Perlin.

David Kates – Prematics, Inc. – Vice President Product Management

And David Kates just joined as well.

Jonathan Perlin – Hospital Corporation of America – CMO & President

Terrific, David, thank you. Okay, good morning, everybody, and thank you for attending this virtual meeting. We imagined that many would have travel and family obligations as we approach the Memorial Day weekend. Obviously a lot of activity, yes, so just note that as the operator advised us, we have a lot of mikes open, so I really do appreciate muting your mikes so that everyone can hear, and I will remind that given that we have a virtual conference that folks identify themselves as they speak. But again, let me welcome you this morning.

We're going to take a slight cherished privilege on changing the agenda ever so slightly. There's been a lot of activity. Obviously there's a lot that's inherent to the health IT evolution that we're helping to support. There's a lot that is going on in terms of reform and that means a lot of activity has been going on, not only in the Office of National Coordinator, but even around health IT policy committee, health IT standards committee, and the emerging activities in terms of fostering NHIN.

We're going to ask Doug Fridsma to provide some update for committee members and really just help to dot some of the i's in terms of this past month's work and also some trajectory, because I know that there's been so much going on at such a pace that I think that's just worthwhile. Before I turn to John Lumpkin and Doug, let's actually take care of one of our fiduciary responsibilities and that is the approval of the minutes. We're going to take that slightly out of the order of opening comments. Let me just ask that people have had an opportunity to look at the minutes from last meeting and ask if you have any amendments to that document?

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

No amendments from me.

Jonathan Perlin – Hospital Corporation of America – CMO & President

In the absence of any objections, we'll consider consensus on that, as always, thank the ONC staff for a terrifically robust and synthesis of discussion at the last meeting. The ever mobile John Halamka is actually giving a key note address at the National Academy of Sciences today and is actually with our ONC colleagues Switzer Building this morning. I think sometimes it's easier when a group are together to defer to that setting decadence. So I'm going to ask John to walk us through much of the meeting today, given that he is right there with the ONC staff.

But as we begin also to really tackle our first order of business, which is to go through a little bit of an update on some of the activities, because I don't think anyone would accuse this process of moving slowly. I think it's been really kicked in to hyper-drive with a lot of the requirements from the patient protection and portable care act and the requirements incumbent upon us, and more specifically ONC to really be positioned to support the improvement of healthcare more broadly.

So with that, let me turn it to John for your opening remarks and then to introduce Doug Fridsma for some opening comments.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Certainly, and thanks very much, John. In the Switzer Building we have Doug Fridsma and Arien Malec and Joy Pritts, and we want to make sure today that we communicate the process that has been going on behind the scenes for the last 30 days, a lot of moving parts, a lot of changes, as John said, it's all moving very fast.

As you pick up the paper each day, you may read about, oh, there is a new task force being formed to do something that is standards related. There is a new process being defined, there are new RFPs being lead, and you may say, but wait a minute, we're the HIT Standards Committee, why aren't we in the thick of this? Today's meeting will assure you that you're in the thick of it, that everyone of our existing workgroups has an incredible role in many of these things going forward.

Let me give you some specifics and of course we'll turn it over to Doug and Arien for their comments. NHIN Direct has been an effort that is as folks remember from our last meeting as a project, not a product. As I go into my various HIE activities, the state level, you know that there's a lot of folks who are slightly confused about what NHIN direct is. And sometimes NHIN Direct is, it is a ... it will solve every problem for everyone. They're working on eight use cases today, but as the first of the next 40, it's going to exist forever and it will replace many of the things that we're already all doing. The answer to that is, no.

It is a well-circumscribed and well-defined project that has as its intense a set of running cove and it should be inspirational to the future efforts, but it will be plugged back in as you'll hear to a set of very standard processes, which will include a ... review by the HIT Standards Committee of the four potential architectures. These four potential project deliverables so that as the HIT Standards Committee can assess, do those four approaches adhere to the functional requirements, the security requirements, those business value activities that we want of course to encourage the six types of interoperability required in meaningful use for 2011, and will this be an accelerator and what can we offer as advice to constrain to those four different approaches? I think, yes, you can be reassured that a number of our workgroups, and if necessary, additional workgroups will provide direct oversight of the NHIN Direct deliverables.

You've also probably heard about the privacy and security, now with Joy onboard for 12 weeks, getting additional coordination. Because there's been a privacy and security committee that has been working in standards, privacy and security in policy, privacy and security in the NHIN area. And hence, we want to ensure that there's coordination across all of these things, because as Doug so wisely said this morning to me, you don't want a waterfall effect of policy developed in a vacuum, which is it can move to ... technologists in a vacuum, what you want to make sure of is that folks are joined at the hip. You'll hear from Joy about some of the ideas of bringing together a tiger team of members of each of these groups to do intense work for the next six months and measure your coordination of policy and technology.

You also probably have heard about the HR 1561 ... and there is a set of administrative work that needs to be done on the enrollment transaction on a very tight timeline. And that there has been a workgroup put together to be chaired by Aneesh Chopra and Sam Karp, and that is going to include members of the HIT Standards Committee and members from the greater IT community that we think are going to be experts on administrative matters. So again that effort will be closely coupled and tethered to the activities that we're doing.

All of this of course is going to in the near future be run through a framework that we've heard about, the NIEM framework, which has 11 different RFPs, 8 are in process, 3 are about to be put into process. And it is really quite important that the HIT Standards Committee be intimately involved in this entire NIEM

framework, making sure with oversight that the process is sound and making sure that it's deliverables are reviewed.

I'll sum up by saying, the last 30 days have been extraordinarily busy in ONC in many areas and at times may feel like the communication wasn't perfect, but that's okay because we forgive them. The answer is, they're understaffed and overburdened, but on these threads that I've mentioned, NHIN Direct, 1561, privacy/security, and NIEM, there will be tight connections, there will be increased communications, and there will be a standardization and a formalization of process. So that going forward you'll see that these loops are closed and that you guys are definitely apart of all of it.

So with that, let me turn it over to Doug to talk about the state of the RFPs, the NIEM process, and some of the best thinking as to the role of the HIT Standards Committee in the NIEM process.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Thanks, John and John. I certainly appreciate your opening comments and I just want to reiterate. I think this past 30 days has been tough to perform these tasks and some other activities have come onto our plate. I don't think we've done as good a job as we could communicating back to the HIT Standards Committee. John and I had a good conversation this morning and we've committed to making sure that we keep people in the loop a little bit better and the like and today's meeting is an effort to begin that process, to make sure that we can leverage the expertise that we have within this group.

I'll echo too what John has also said, in effect that this group was tremendously important. Clearly, even in the health care reform legislation around 1561 and the administrative transaction, the HIT Standards Committee is mentioned by name as the organization and group that will actually review and recommend the standards that come out of the work of coming up with a consolidated HR 1561 administrative transaction's work. I think the value of this committee goes beyond just the work that we've been doing of late, but is beginning to include some of these other things with regard to health care reform. So I think we just need to make sure that we keep you in the loop and that we leverage the expertise because it's I think to our benefit to do that as well.

So with that, I guess John, you wanted to have a little bit of an update on what's going on within the SNI framework and kind of where we're with that. The thing about government is that things move so, well, they just move. And I think we've got at this point, we sent out the RFPs, we have 8 of the 11 contracts that we have reviewed and selected people for those particular contracts. There are three that are still in process.

I think the thing though that is important to recognize is that all of those contracts have to fit together. And it doesn't make a lot of sense for us to award a contract at the beginning of the process and in the middle of the process and not have all of those pieces put together. And so in some sense, we don't want to announce or award the contracts in a piece-meal fashion, we really want to be able to have a proper institute of how all those pieces are going to fit together, and then be able to announce all of those contracts to begin at the same time.

We did hit a couple of delays. There was a portion of the funding that was held up by OMB. They wanted to understand more completely how all of these contracts would interact with NHIN exchange and the other activities that are ongoing. And so we had to spend some time writing a business case, a number of meetings with the Office of Management and Budget to review what that is. How the monies are all going to fit together.

The Office of Management and Budget is the taxpayer's watchdog, so they're the ones that make sure that we have held up our end of the bargain to make sure that the monies are being used appropriately, that they're all working towards the same goal. And so they held us accountable to make sure that we could explain to them precisely how all these pieces fit together. And so that took a little bit of time and it wasn't really until last week that the final bit of monies and resources from this year's budget to support much of the SNI framework were released.

We've got everything queued up. It will take a week or two before those monies and go through their process, but then we should be able to complete the last couple of contracts and begin awarding these over the course of the next probably four to six weeks. We're working on that, we want to make sure that we get those things out there. Clearly, from my perspective, those are the resources that we need to be able to operationalize this framework, and so I have a strong interest in making sure that they get awarded and funded and we can start to move forward.

I think the other thing to say is that even while we're waiting for those funds to come through and those contracts to be awarded, we're developing what's called the concept of operations or a con opt for the SNI framework. This is sort of a high-level view of how we want all those pieces to fit together. We aren't quite completed with the review or that particular con opt, we've got a series of things that still need to be filled in with regard to that. But I think one of the things that would be very useful from my perspective and certainly I think from ONC is to be able to take that con opt and have members of the HIT Standards Committee provide some feedback ...

There are going to be touch points and decision points within that, that we need to identify what's the right group or committee or parties or people to be able to help us making those decisions. And those decisions will happen at lots of different levels. They'll happen at a policy level, they'll happen at a strategic level, they'll happen at an operation's level, and there's a whole series of different levels at which we need to have decisions made. And I think the con opts will help to describe what those are and where we need to fit things together.

Currently, even though we don't have the contracts in place to support the larger framework, we're continuing to work forward and pilot this work. And so much of the NHIN Direct activities are going to be developing artifacts that will fit into this SNI framework. We've also done the T32 from the HITSP early on to make sure that we could understand how this all fits together. And we intend to use some of the section 1561 work from health care reform to also use the same developing framework.

And so we've got team members that are developing some of the artifacts related to the SNI framework, just so that as we are developing our concepts of operations, we can do it not in a vacuum, but after doing a couple of cycles through the process. Those activities are current and ongoing, and I think certainly once we get the contracts awarded and we have a sense for this con opt, we'll be able to move much more quickly with regard to ...

And I think that's an area in which I think we would value input from this particular committee, so that we can have some external eyes take a look at what it is that we have with regard to the concept of operations, and kind of put all those pieces together, figure out where we need to have the interaction with this committee as well.

I don't know, John, if you want me to say anything more about how we ... think these things are going to fit between policy and standards and the like.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

I think it's just a good idea to make sure the group understands that, first, that there will be input gathered from the HIT Standards Committee as you've described as to the sanity of the process and review of its outputs; that there is definitely a coupling, both of the HIT Standards and Policy Committees with it.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Yes. We want to make sure that we see the policy committee as helping frame the priorities in a very broad sense about the things we need to work on. We need to operationally figure out what's the thing we're going to work on this week versus what's the thing we're going to work on next week. But then at the end of the day, the things that come out of the SNI framework, the implementation specifications that get produced, the recommendations for the services and the standards that are being constructed, those all we need to make sure that they fit into the policy recommendations and the guidance that we get from the largest committees. And so projects ... direct.

We need to also have that kind of review and make sure that they fit into this overarching framework so that we've addressed privacy and security issues, that we have been able to make sure that this fits into the broader framework that we have with interoperability in support of meaningful use, not only for 2011, but for 2013 and 2015.

We're working on putting together at least a draft or a proposal for how that might work. And I think that's something again that we will bring back to this committee and have them provide feedback and guidance and we'll go back and try to refine that as well. I think having something to react to is probably better than having an abstract conversation about things, and so we need to do our due diligence here within ONC to provide that to the committee and allow you guys to provide us feedback and input into that.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

And so a next step would be a presentation that next HIT Standards Committee meeting of the concept of operations documents I presume?

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Yes. And that will describe really, we've been working on this jointly between the current NIEM teams that have experience with using NIEM and the ICDs and the generation of that. We've been working with the human services part of HHS that has also had some experience, that's John Teeters group. Because at the end of the day we want a concept of operations that is consistent with the work that's going on in HHS, certainly, the administrative transactions around 1561 require that coordination. So even if they might be working, we might be working on health and they're working on human services, we have a shared view of how to do that. So at the end of the day we know the touch points on how we might be able to get those pieces to work together.

As soon as we have a draft ready, we can give a presentation and we can have some folks on the committee actually spend some time with some review and details and common facts that would be helpful.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

I want to open it up now to the standards committee members on the phone, questions for Doug about the RFPs, the NIEM approach, the notion that we will be engaged in reviewing the whole context of the concept of operations document. Can't raise any cards, so speak up.

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

This is Chris Chute, and thank you very much, Doug, for that overview, and I certainly welcome the opportunity to look at the concept of operations document. I am curious if there would be an opportunity

for at least committee members to have access to the RFPs since to my knowledge they remain inaccessible?

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Yes. Let me, during this meeting I will send out an e-mail message and see if I can't get all of those in a PDF form that I can then exchange. I know that they were out for awhile, but then the Web site where they were posted is not accessible now, so let me find that out for you in real time.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

And certainly, I will post on my blog any publicly available information in a consolidated form. I did write a blog about the RFPs and some of the links may be broken, so I can restore those. So other comments?

Well, if no other comments or questions for Doug, I'd like to turn to Arien Malec, because as I talked about not only has been one issue, what is the NIEM process, what is that framework, and how does the HIT Standards Committee articulate? But the NHIN Direct activity has had huge energy. And of course, Wes and Dave have been very, very much involved, but there's a lot as I said misunderstanding. And so very important just to declare today on the call that a next step will be to have a thorough review of the current state of the work products of the NHIN Direct activity by the HIT Standards Committee. So Arien, just tell us where we are and how that might work.

Arien Malec – RelayHealth – VP, Product Management

Absolutely. Thank you very much, John. So one of the things I think sometimes that causes the most confusion are the very things that you think are that don't need to be set. And I think one of those is, what is the output of the NHIN Direct project and what happens to it after it's done? And I think there's been some confusion I think particularly around the branding of the project as in NHIN Direct, does it automatically become part of NHIN? Does the output of this automatically become a standard that's well recognized? And the answer is, no. This is a work product, this is a work effort, a project to create a set of specifications that then need to go downstream. And one of the places that need to go downstream is the work that Doug is doing on the SNI framework to be able to catch emergent standards and that's done appropriately through a standard process.

The other aspect of this is that these pilot projects don't automatically become part of NHIN. There needs to be a standardized process for deciding what standards become part of NHIN, and again, the SNI framework is a critical part of that. And the HIT Standards Committee is a critical part of that work in vetting and reviewing the output of the project that we're now engaged on. Somewhat coincidentally over the last couple of days we've been talking in the depths of the project about a key decision that we've made, which is we've got a number of contenders for really good approaches to solve the core use cases, the core user stories, that we set ourselves that are constrained around meaningful use.

And we've had a number of technology teams that have been out there writing code, trying to come up with real world solutions for the meaningful use challenges and problems for interoperability that we set ourselves. The good news is, we actually have a number of those; the better news is, they're actually four contenders for great approaches for this and they all look good. This is a great place where inside the project we can wrestle with this and figure out which approach is better in one aspect versus another. And this is a great time to have independent objective review from an organization that has oversight for and a broad overview of health information technology standards.

I was actually writing e-mail out to ask for help when we sort of dived in the middle of some of the work that's happening with the HIT Standards Committee. And the upshot is that we'd love for the HIT Standards Committee to provide a focused evaluation of the draft approaches to the problems that we're

setting ourselves and be able to do that in a way that allows us to make good tradeoff decisions among the alternatives that we have. So what I'd like to do is actually offer or invite the HIT Standards Committee to in a focused way provide details advice and tradeoff and feedback for the approaches that we put together.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Great. There are many, many NHIN Direct calls and committee meetings. But in the general meeting that this notion of having this review is discussed, this seems like a very appropriate next step, which you tell the NHIN Direct members we're going to have a review; we go to the HIT Standards Committee and say, do the review; and then we report back to the NHIN Direct folks what we've found.

I think it's going to be interesting and I think we'll have to together decide what is the best way, by what group, and who should be involved to do this review? Because if the review ends up being a look at SOAP versus REST versus FMTP versus XMPP, it's not exactly clinical operations, it's a little bit of privacy and security, but it's more than that. And of course we have Dave McCallie and Wes, who've been sitting through every one of these meetings, who are both experts and biased. So I would actually seek the input of Dave and Wes, who do you think might be appropriate to join such a review effort in your mind?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Hello, this is David. Wes and I were actually talking about that via e-mail threads just trying to come up with some names. And one of the problems is the NHIN Direct has done such a good job of reaching out to the community for input that many of the names that we come up with are already involved in the project. It's not a simple thing to come up with people who are expert in this field who aren't already involved in some way or shape with the project, which I think in the net is actually a good problem to have.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Right, and as long as it's balanced that you don't just stack the evaluation committee with these dozen people who have all decided that XMPP Jabber protocol is the way to go then we're okay.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes. And I just think that the process has worked quite well and it has been quite an effort, so the teams that are putting forth code and design are really committed to their code and their design. It's been a very intense effort. So the emotions are high if you would, because they're got a lot invested in the work. I think coming up with a neutral decision is not going to be an easy thing to do. There's no wrong choice really. There may be choices that are optimized for certain use cases and certain policy perspectives over others, but this won't be an easy decision to make.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

And also as I often say, it may not be that you can have one outcome. There may be a parsimonious smallest number of options or smallest numbers of requirements, and that's certainly something to take into account.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes. I don't know, John, if you were asking for sort of a formal thought about how the standards committee could be involved in evaluating the project. I think Wes with his experience at Gartner may have probably a better view of how one would take on that then I would. So Wes, I don't know if you're still on the line, you might want to speak up.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes, thanks, David. I want to characterize two items of business, both of which are important here. One is a decision of which of four technological choices to implementing a set of functions that we've identified in the abstract are. And the second is assuring that the overall project is consistent with policy requirements and has not ignored the need to security accidentally, since it's the clear purpose of the project to provide security. That doesn't mean that we could not have made a mistake. And I think that some of the people that we would want most in the review of policy and security may be able to help in looking at the four alternatives, but may not necessarily have spent a lot of time on the aspects of the four alternatives that are not related to security and policy.

I would like, I'm wondering, and Arien may have a good insight on this, whether we have the option of separating those two decision points. I'd like to just point out to everyone that this project is an attempt to beat the expectations on consensus processes, which is important because the expectations are really poor. We all say, well, the trouble with standards committees is there's too many of them. The trouble with standards committees is they take a long time. The consensus is not decided by the amount of energy and people some group can muster as opposed to on the merits, but at least there's a deciding process.

So we're up to that point now where we have our first big decision. If we can make it without creating a significant say three to six month delay in the project, then we'll have demonstrated that this notion that we've developed out of the implementation group of finding a way to develop an approach that is not waterfall; that involves the activity of those who are committed to implementing it and so forth, will have demonstrated a valid way to get out of the old consensus process dilemmas.

I would suggest that we look through the personnel of the standards committee for people who have or can rally from their company someone who has some experience making these decisions about how to implement things over the Internet, but doesn't have a dog in this particular fight. And ask them to be, take the persona of the standards committee for the decision on specific approach. And I would suggest that we continue the process that has started of organizing the approach to policy and standards and use some group out of that effort for the broader overview of the committee. I'd like to find a way not to synchronize the two if possible.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

And so very good advice that there's really two components to this as you suggest, the privacy and security appropriateness review, but then there's a business orchestration review too. That it may be people on the standards committee or people in their companies or others external that would be able to say, oh, well here are the five reasons why FMTP actually won't work in the real world for transaction orchestration. Now I'm not saying that with any bias or emotional approach guys, I'm just saying for that objective kind of review you'd want that type of input.

It seems like, Wes, your first suggestion which was, we would ask members of the committee to nominate either themselves or others in their companies that they feel would be able to have an independent view of the appropriateness of privacy and security and appropriateness for a business purpose of these various approaches to offer objective feedback. And Judy, presumably you would serve as the person collecting those names as they would be sent to her?

Arien Malec – RelayHealth – VP, Product Management

Just one point of clarification, and I actually do owe this group because this is one of my to do's from the last meeting, an update about what we're doing particularly around privacy and security. So what I can report there is that we've engaged I think pretty dramatically and with the great help of Deven with the

various workgroups and functions in the policy committee. And so I think that we've got a good, we're working out with Joy, with Jodi, and with the HIT Policy Committee, a good process around policy oversight, and I think it would be useful not to conflict with that, but to work with that current effort.

In terms of the clinical operations standards review, I think, John, the way you framed it is right on. The aspect has for the standards committee is, if we have each member of the standards committee nominate one person, we end up with a very large group. I think this is an area where we're focused and intense would be appreciated and it may be better to do that with a smaller group.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Sure. It's very reasonable. I don't expect by the way that each member of the standards committee will nominate a person from their company. What in our cohorts do you think would be a couple, four or five, right people based on levels of understanding of transport, of understanding about security protocols? And one of the things that we'll chat with Joy next is the last thing that we want to do is create yet another fringe group looking at security and privacy in some unique way.

And really all I was implying and I think Wes was implying is from a technical perspective is the transaction integrity guaranteed as you go from point to point. We're not talking about consents, we're not talking about who is authorized and gets to read in policy and all that sort of role based access control, it's the basics, did it will go from point A to point B without getting read or changed along the way? And the Jabber protocol, well anyone can muck that up, just kidding, making that one up.

John Perlin, as a to do, does that seem reasonable to you that we would get a couple of names of either committee members or their direct company affiliates, forward it to Judy, who they feel would be good to do this evaluation?

Jonathan Perlin – Hospital Corporation of America – CMO & President

Absolutely. I think it really makes a connection for our ... so it helps Judy and team manage about the approach. So let's put our best thoughts forward with people who bring the depth of technical and honestly also hopefully the experience with the actual implementation that is informed policy with the reality I think with it.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Very good. Other questions from the group for Arien while we have him on NHIN Direct? And I hope you guys feel plugged in again.

Nancy Orvis – U.S. Department of Defense (Health Affairs) – Chief

Yes, John, this is Nancy Orvis, I have a question for Arien from DoD. It's kind of related to other, how is NIST or any of the other government folks being involved currently in NHIN Direct?

Arien Malec – RelayHealth – VP, Product Management

That's a great question. We've coordinated early on with NIST. The advice we got back from NIST was that they've got a lot on their plate right now and that they've got their hands busy right now with the EHR process. And so the action for us is to make sure they're part of the implementation group, they're invited to all the proceedings, is to make sure that they're following along with the process, so that when and if it does get handed back over to NIST that we've got the right participation and feedback there. I would actually love to get more input and advice from NIST, because they've got a lot of experience in this area. It's just that, just like it is for ONC, we've got a lot of things happening, the same things are happening for NIST.

Nancy Orvis – U.S. Department of Defense (Health Affairs) - Chief

And my second question then is because I can hesitate to offer. I do know Defense Information System Agency has done lots and lots issues related to either one of these protocols. That's been something that has been ... from DoD, has he offered that or is that something you want me to go back and talk to him about?

Arien Malec – RelayHealth – VP, Product Management

So the answer is no, this is new to me. The answer to the first part of the question is no, it's new to me. The answer to the second part of the question is absolutely. DoD is involved as an operational member of the implementation group, and I think getting the right level of input and feedback from organizations that have been there, done that, would definitely be useful, so much appreciated.

Nancy Orvis – U.S. Department of Defense (Health Affairs) - Chief

And all I'm saying, the committee members, we have certainly worked these protocols in many other business domains, whether instantiated or some other kinds of data. And I know that our health people are already involved, so I was just going to ask whether you thought it was useful to get another aspect, somebody outside of the healthcare business domain or whether it would be best to keep it in the area of the healthcare issues?

Arien Malec – RelayHealth – VP, Product Management

I guess my personal take on that is that it's always useful to get outside feedback, understanding that there are some different needs sometimes for healthcare that technology and technology and that the best solutions from other industries can also provide useful feedback.

Nancy Orvis – U.S. Department of Defense (Health Affairs) - Chief

Alright, I'll start my questions of ... and thank you.

Arien Malec – RelayHealth – VP, Product Management

Thank you very much.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Other questions for Arien? Okay. Well hey—

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

John?

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Yes.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

This is Carol. I just, maybe it's fair to everyone, but I'm just a little confused about the group that you're proposing. Can you just clarify where it fits in with, it's just subgroup of the standards committee or is this separate and more related to NHIN Direct, I'm just trying to understand the structure?

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Sure. I received as a request from Arien is that the HIT Standards Committee review the four potential work products that are coming out of the NHIN Direct effort. And so this would be the HIT Standards Committee's best attempt at assembling a group to render an opinion based on the wisdom of its members who are involved in the privacy and security business orchestration side and we would render an opinion. I mean obviously our opinion is an advisory opinion and ONC would consider the value of our advice and

other advice you may get from policy or others. It's been my understanding that this is the official HIT Policy Committee review.

Arien Malec – RelayHealth – VP, Product Management

That's correct.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Thank you.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Good. Related to all of this is an important discussion on privacy and security. So hopefully we've got clarity on where the next steps of the NIEM framework, clarity on next steps for NHIN Direct. We'll be hearing from Dixie on some of the work she's doing on consent, but I think many folks on the phone know that with all of these various privacy and security efforts that are happening in the context of the NHIN and policy and standards, that there needs to be much tighter coordination. And so 12 weeks ago, Joy is now the Chief Privacy Officer for the country, congratulations. And Joy, if you could make a couple of comments on your best thinking of pulling these district efforts, alignment, so that we can get the work done joined at the hip.

Joy Pritts – ONC – Chief Privacy Officer

We've heard from a lot of the workgroups that they were working on similar issues.

Arien Malec – RelayHealth – VP, Product Management

You may want to come closer.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Is that one on?

Joy Pritts – ONC – Chief Privacy Officer

No.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Okay.

Joy Pritts – ONC – Chief Privacy Officer

Sorry about that, this will be easier to hear me. It became quite apparent that there were a number of the policy and security, because privacy and security is such a cross cutting issue that there are a number of workgroups who are working on little pieces of this. At the same time big issues were overlapping and we didn't really want to proceed in that fashion very much longer. Because we were afraid that groups may reach different conclusions, that the work wasn't being integrated as a whole, and that they were members of all of these groups who were devoted to really seeing some of these issues resolved; yet the staffing was not really adequate in order to move forward in an expeditious fashion.

What we're planning on doing is combining under the privacy committee side, the privacy and security under the policy committee. The privacy and security workgroup, the NHIN workgroup, and some of the members of one or two members who have volunteered from the IE workgroup to form the equivalent of a tiger team, for lack of a better word, to address some of these privacy and security issues on an expedited basis. And we have funding available to provide pretty much a full-time staff for this newly comprised tiger team.

We've also had talked to some people, including Dixie, on the standards side, the privacy and security on the standards side, and there are members of that workgroup who are also going to be participating in this effort and listening this morning to this discussion. I think that we do need to do a little bit more thought on, given that this NHIN Direct workgroup that you're talking about, how that will fit into this, because we definitely do want all of this effort to be coordinated. And I guess should we discuss that now or should we take that offline or how would you like to proceed on that?

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

We do have a number of folks in the room and I know that sometimes in the past, since there's so many moving parts, that there has been imperfect communication across NHIN coordinated committee, NHIN Direct, policy, and standards. And it seems as if this tiger team is an effort to now bring members of each of those four groups together in one room to discuss. I guess it's really now a question of who participates from each of the groups and other concerns or open issues you have in bringing coordination between your two efforts.

Joy Pritts – ONC – Chief Privacy Officer

I guess my question also goes to, with this NHIN Direct, the guidance you're seeking on the four options for the staff and that transportation to be encompassed in this tiger team or whether you need a separate—

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

You're breaking up, I can't hear what you're saying.

Joy Pritts – ONC – Chief Privacy Officer

I'm sorry. Am I breaking up to everybody?

W

No.

Joy Pritts – ONC – Chief Privacy Officer

Okay. I'm sorry, it must be on your end, technologically, there's nothing we can do on this end. My question is whether it makes sense just to have one NHIN kind of sub-workgroup working on this? What we were going to do is when we were combining these groups, we were going to form the special interest groups underneath this one big group that would address some of these issues, and then it would report back to the workgroups to ensure that it was being coordinated against the different models that were being proposed. So that there is kind of a check on consistency in approaches. And then the privacy and security kind of tiger team would report back to the policy committee. And now it sounds like we're having a similar process on the other side to the standards committee. So I want to—

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

So just in terms of intense, I think they're somewhat different. I think the work that we're asking the standards committee in this frame is really around the technical merits of and pros and cons from a technology perspective a number of different options. And that works in itself needs to be constrained within the overall policy advice and feedback that we're getting on this cross cutting privacy and security issue. So I think the two pieces of work are a little bit different, although constructing the technology review under a larger umbrella, I don't have an opinion one way or the other as to whether the idea of that I think.

Joy Pritts – ONC – Chief Privacy Officer

I'm just wondering whether or not you think that some of the policy issues bear on the technical evaluation. In other words, there may be some policy related issues that should be factored in to that technical valuation.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

I don't disagree with that, I think that's a great point.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

This is Dixie. I would say that they absolutely can't be examined separately. And Joy, I would encourage you to have the NHIN sub-special interest group to look at that as part. We can't continue to look at policy and arbitrarily separate policy from technology.

Jodi Daniel – ONC – Director Office of Policy & Research

This is Jodi Daniel. The one question I have though, what Joy was trying to do, there were primarily privacy and security issues that were coming up in the NHIN workgroup and privacy and security workgroup of the policy committee and the privacy and security workgroup of the standards committee, and she was trying to pull all of that together. But not necessarily take on every NHIN or NHIN Direct related queue in that group, because she was, and Joy, feel free to jump in if I'm misstating this.

My concern is if we try to make one uber group that is trying to take on everything at once that we're going to have a hard time making progress in the timeframes that Arien is going to need to do this. And that maybe what we need is to figure out a mechanism to be sure that the discussions between groups are happening. I'm concern if we tie too much onto one group, that we're going to have a hard time making progress in any one area.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

This is Wes. I'd like to add something if I can?

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Go ahead.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

My first impression at this point in the call is that Arien should plan to announce a three-month delay at our meeting next week. The theory of this being a project, not a product, was to get something going and judge it on its merits as opposed to judge it hypothetically in a committee in a waterfall specification development process. That seems to be not working so well when the government is involved.

I would very much like to see a set of judicious decisions. I guess all decisions are somehow judicial, but what are those decisions that are necessary to move the project along as a project to get something running to be able to judge? And what are those decisions necessary to accept the outcome of the project downstream and put those decisions on separate paths? Thanks.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

This is Dixie. I have some problem understanding the distinctions that people are trying to make between a project and development, because I heard earlier that this project is producing four modules of Open Source software. Open Source software is beyond a project, it's real product. So I'm having trouble, I need some clarification of that distinction.

And I would also add that when one decides on a particular technical solution, one is assuming a certain policy. So to say that we're going to judge this, put this over to the side and just look at its technology and

not look at its policy, that's impossible to do. Because the selection of technology implies certain policy decisions.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Arien, comments on project versus product. The way that I see this is that this is a bunch of folks coming together to try a bunch of experiments and just learn from the process of doing these experiments together. It does not have the imprimatur of being an official government work project that then will be anointed as part of the NHIN and instantiated across every HIE in America. So how do you describe this? Kind of like skunk works, it's a rapidly accelerated project to see how we might do transport in an efficient manner and learn, those kind of two things?

Arien Malec – RelayHealth – VP, Product Management

I think that's exactly right. And as I described we need a process on the other end of this to catch what we do and decide on its merits whether it's successful to move it towards being a standard and to move it towards official recognition. But that those two conclusions are not predetermined or biased in the process itself, they're completely independent.

Part of how you learn the software development is by writing code. And some of that code ends up working and proving out the hypothesis, and some of that code ends up being seen as a learning experiment and pushed aside. And I think that's the stage that we're in right now is learning through code, learning through seeing what works.

This actually comes from the way that I've organized and this actually comes from the learning's from the implementation workgroup hearing in October where I was struck by the non-healthcare industry participant and their stories of trying to take on a particular business challenge and move and iterate rapidly through technical approaches to that challenge in a way that actually got a lot of stuff done in a short amount of time.

And I'll say I don't disagree with the hypothesis that technical merits do involve policy tradeoffs, since I think it will be useful if that group had the ability to evaluate the policy implications of the technology choices that we're making.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

And so the question really is this project has learned, it has generated some learning code, and now it needs a sanity check—

Arien Malec – RelayHealth – VP, Product Management

Correct.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

—through an external unbiased group just to comment on its merits. In a sense, I was recently involved with New Zealand, judging technology business plans, and they did everything they could in the country, and then they through them to a couple of guys in the United States for a sanity check and feedback. How do you look at this as an innovative likely to succeed in the marketplace? The same sort of external sanity check that we would do as a committee. So I think there's been two issues raised which is one, is our committee with a small working group doing a sanity check, a reasonable part of the process? It happens in parallel with your efforts, so I don't see it as a waterfall with that really. It's not going put a three-month delay in your project.

Two, given that everyone says the right thing, that privacy and security or policy and technology, how is there an appropriate sanity check on that side of the equation? And if we've had four different groups looking at privacy and security, and now there's a tiger team that's trying to bring people together, can that group do a brief sanity check on the privacy and security side without overwhelming it?

Joy Pritts – ONC – Chief Privacy Officer

The other question, I think that's a good question, my other question is, how do we integrate the information from the technology sanity checks into the policy sanity check? Because especially given your timeline, they have to be very closely aligned.

Jonathan Perlin – Hospital Corporation of America – CMO & President

This is Jon Perlin, just chiming in, I think that's a really key point, Joy, really a challenge for you, Arien and Doug, the ... team is to provide a wiring diagram so that that flows information, is both operational in terms of the integration that has to occur, but also understood by the broader community that has to use them.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

This is Dixie. I think, as I understand it, NHIN Direct is supposed to be point to point, secured point-to-point communications, that's not exactly splitting the atom. I don't think it's going to be difficult for us to identify what are the security components of this and what policy decisions does this imply and does this make sense or not? I don't think that's a huge undertaking, I really don't. And I think it makes sense to do it within the same context as other policy decisions are being examined.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Dixie, as a thought, what if you served as a member of the evaluation team, and then you would be the link to the effort that Joy has as the tiger team. Is that something that you would be willing to do comfortable, is that sane?

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

Sure, I would be happy to look at it.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Alright.

Jodi Daniel – ONC – Director Office of Policy & Research

This is Jodi Daniel. I just wanted to highlight one point that I think Arien made, and I hope I'm not changing your words there, Arien. But besides sort of the kind of ongoing checks that we're going to do, I think the point that this is a project and that there's still decision points to be, after the project comes to a conclusion as to the success of it, what worked, what didn't, if things didn't work, and sort of where do we go from here?

And I don't think there's any foregone conclusions of what the results of NHIN Direct, how that will impact work in the future? I think there is sort of a step that happens immediately after the project, where there will be some decisions about how NHIN Direct did work and what things are a great keystone and what things needing more thought.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

So as a proposal, just recognizing the evaluation as a sanity check of a work in process. It is not blessing it for a formal anointment as part of the NHIN connect project. That we assemble a technical review that also includes Dixie, and Dixie is well-linked to Joy's effort, or not officially yet, hopefully will be, and that

then just sort of this initial technical examination takes place. And I heard Jodi's worried that if we now also give this to your newly formed tiger team to begin, it's the review process that that might be slightly overwhelming to give it. So if you might have in a sense—

Jodi Daniel – ONC – Director Office of Policy & Research

A member or two—

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

A member or two—

Jodi Daniel – ONC – Director Office of Policy & Research

—that coordinates across the two groups would be great.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

With Dixie being a member of both—

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

—efforts would seem reasonable.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, and we may want one more person in case there's a chance that she can't be at a meeting, just redundancy should be built into the system.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

And so if that as the straw man as members of the HIT Standards Committee or their companies, four or five, plus Dixie, plus an additional member of the tiger team for redundancy, doing an initial review and then reporting back to the standards committee as a whole, and of course then we would have a discussion.

I know that your timeframe for this review was somewhat aggressive as in you were looking at getting a review, guys, believe this or not, by June 11th. So that's not so many days away. And so if we were to assemble ourselves to do such a review, presumably it would have to be done virtually.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Because we don't have another meeting coming up until later in the month in June.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

This is Dixie again. I received an e-mail earlier today from Joy about this tiger team, and one of the four specific areas that it was to examine was NHIN Direct. So I'm a bit confused about what this, what is on the plate for this tiger team regarding NHIN Direct versus whatever it is that we're talking about now? They seem the same to me.

Joy Pritts – ONC – Chief Privacy Officer

Okay, the tiger team is for policies and is going to be looking at this and recommending what, as Arien calls it, the guard rails that the project should proceed under policy wise.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

I think what is needed then, and this is Dixie again, and I can certainly help with this and I know others who could easily do this too, is translating the technology into policy for this tiger team.

Arien Malec – RelayHealth – VP, Product Management

Correct.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

Because that's really what needs to be reviewed is the policy behind the technology, the policy that the technology decisions imply. And I think that that's easily done under what you've already put forward.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

This is Carol, and I completely agree with that. That is exactly what's needed and I also would be happy to help with that.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Good. So what we have is this aggressive timeline where presumably in the next day or two, you start packaging up a formal request and those artifacts that you want reviewed. We're getting a couple of names to Judy, presumably if you have to present this evaluation on the 11th, we probably should finish it by the 10th. And that it would probably be in two forms that we're going to be doing the technology review and the codification of the policies implied by the technology selected for which that would be handed back to the tiger team for their, not only initial comment, but ongoing comment, because the intent here is to provide supervision for the NHIN Direct activity which still has many months of life.

Joy Pritts – ONC – Chief Privacy Officer

Right, so the short-term goal here would be to just set some general guidelines at this point for NHIN Direct policy wise, right?

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Yes.

Joy Pritts – ONC – Chief Privacy Officer

And then add time evolved, so those may need to change depending on further evaluations, right?

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Will do.

Joy Pritts – ONC – Chief Privacy Officer

Okay.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

So does this sound acceptable to people? No objections being heard, let me just, of course we do want to return to our regularly scheduled agenda, but don't worry I think the report out are relatively very short and so we'll be okay, but just summarizing the important deviation we had from the initial agenda.

We have Doug's commitment of ongoing communication; John Perlin and I will be talking with him at least twice a month; you guys will be reviewing the NIEM/SNI framework; we have Arien's commitment, you've

just heard for this brief NHIN Direct evaluation, and that I'm sure will continue in other forms as the NHIN Direct effort concludes with lessons learned in October; the privacy and security tiger team, you're forming, Dixie will be on it, conceivably others, Carol, certainly volunteered to be involved as well; and the 1561 or the activity on administrative simplification that we want to coordinate, Aneesh is going to be talking to us about that in terms of his presentation.

And so what we have left on the agenda today is a report from the clinical quality workgroup, the policy and security workgroup, and Aneesh and the implementation workgroup, and the enrollment workgroup. And Doug, you've already done your ONC report, so you see we've got that extra half hour back.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Exactly.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

So with that, let me just do a time check. Aneesh, are you on the phone? I know Aneesh was giving a key note address at 9:45 and I just wanted to be sensitive to his timing, but I think we're five minutes away from Aneesh was supposed to present anyway. So why don't we go ahead and start with Janet Corrigan and hear about the clinical quality workgroup.

Janet Corrigan – National Quality Forum – President & CEO

Great, thank you. To give you a quick update on sort of where we're at in trying to think towards identifying meaningful use measures for 2013 and 2015. Although I must say our focus right now is on 2013.

Next slide please.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

It's coming.

Janet Corrigan – National Quality Forum – President & CEO

There we go, okay, perfect. What we've been doing in the quality workgroup is to begin just to think through a strategy for how one can identify potential 2013 meaningful use measures. As we discussed in prior meeting, time is going to be quite short here, so we need to think creatively, and we need to also move fairly quickly here so that we have the best measures that we can possibly identify for 2013.

Now towards that end, we're doing several things. First, we're conducting an environmental scan. We've reached out to I think it was about 12 health systems, plus a limited number of clinical registries, and we have asked them to identify two or three measures for which an HIT tool play a particularly important role in facilitating rapid implements. And the idea here is that those would be very good candidates potentially for 2015. And we've also asked them though to identify measures where they have found that HIT alone is adequate to facilitate improvement that really do require that the work will redesign in addition. And the thinking is that those would be particularly appropriate for 2015.

In addition to that, we're going to be sending out a request to the leading vendors of HIT and asking them if they would be willing to share their measure list, so we could get some idea what measures have already been hooked into the system. We're reviewing the suggestions that were submitted during the NPRM public comment period. And there were some there that were really pointed towards very good measures that people would like to see in 2013.

There's also a set of convening activities that are going on that are not a part of, mostly for the most part, not a part of the HIT work in the summer, but we want to take advantage of other activities that are underway that are likely going to identify good ... measures in particular Aneesh areas.

So for example NQF does have an agenda setting process underway that's looking at measures for different population groups, as well as measures that might be most appropriate for say population health, patient engagement, and decision making areas of that nature. There's a beacon community convening activity in July sometime that's going to be looking and getting some input on potential measures that might be good from their perspective, and a variety of national priority partnership convening activities too.

The other thing that will be happening this summer is a good deal of work, as you may recall, under PACA, the health reform legislation. The Secretary of HHS is required to identify a national strategy and a set of priorities and deliver those to Congress in January of 2011. So there is work underway within HHS that will probably accelerate very rapidly over the summer to identify that initial set of national priorities.

And of course we've all said all along that we want to align with those national priorities under the meaningful use area. So we'll keep a very close eye on that activity over the summer because it may, I hope it will build, in all likelihood will build on the priorities that have been set by other groups like the policy committee of ONC building on the national parties partnership. But there may be some new twists that we'll want to take into account as those national priorities begin to take shape. So we're working actively to pull together what we can about the potential ... for 2013 from a plethora of different perspectives and activities that are underway.

Next slide please. Then once we get that list of potential measures, what we're trying to do and actually these are kind of proceeding in parallel, is to figure out which ones are feasible for 2013. And this activity is going to have to probably work creatively, because as we said earlier, the traditional path of measure development, testing, and endorsement takes a couple of years, and we don't have a couple of years.

So there's several things that we can do to begin to move towards 2013 measures. First, it may well be that there are appropriate measures already in the NQF portfolio or in the pipeline. We have numerous projects underway and probably a 100 to 150 measures in the pipeline, some of them really probably are quite on target in the key areas. So there's work in progress that could be built on or accelerated to try to meet some of these needs.

Another thought is that in some cases where a measure that we would like to see is identified, it may have to serve a similar measure that has been developed and tested and endorsed. And with some tweaking or modification, we could get to where we'd like to be for 2013.

A third option is that there may be appropriate measures out in the field and we're already trying to identify those by the environmental scan out to some of the health systems and to the vendors. So we will try to continue those efforts to bring those measures forward if there are appropriate measures out there and to do so rapidly.

And last but not least, the third path would potentially be for HHS to run some rapid cycle to measure development and testing the activity. So this work is available, looking to see what the good measures might be, if the measures ... along with identifying; whether or not there are measures existing, similar measures that could be adapted, measures out in the field that could be brought forward for consideration, or whether they're a rapid cycle measure development ...

These two efforts together will hopefully position us well by July or August to have a good sense of what is most doable in 2013, having brought forward a lot of creative thinking about what good measures would be, bumping this up against these various alternative paths we're trying to generate measures that have been well vetted and tested for use in 2013.

Next slide please. Basically, the process here is to simplify the input of potential 2013 measures from various sources and identify the options for generating those results. We'll then share those results with the HIT Policy and Standards Committee and the attempt for us to get public comment as well.

Now, it's our understanding that the policy committee is going to be addressing it at their September meeting or somewhere there about. They're going to start identifying their priorities for 2013 measures and we don't want to get ahead of the staff process. At the same time we think that these efforts over the summer could really help to inform their discussions in September. So this really is in many ways a fact finding expedition pulling together the best ideas we can find, as well as sort of a feasibility analysis, so we can then inform their decisions in September. Once they've identified their priorities, then it comes back to the standards committee and to the quality workgroup and we will then identify ... set of measures are that we think can best meet the policy committee measure priorities.

And last but not least, it's highly likely that there's going to be some work that needs to be done to get those measures ready for 2013; whether it's to adapt existing measures, similar measures; whether it's to bring measures in from the field and subject to a robust evaluation; whether it is to do rapid cycle measure development. The HHS will need to be prepared to initiate a process for generating those measures within the requisite time period. We think that is sort of the process, the best that we could come up with to be most prepared and deliver the best measures possible for 2013.

Back to you, John?

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Okay, very good. Now of course, Janet, just one question for you before we open it up, and that is I know that you and NQF have needed as much lead time as possible in order to do your retooling. In order to get these things fully developed in time for 2013, based on the schedule that you've just outlined and policy committee work, do you feel like the timing is aligning?

Janet Corrigan – National Quality Forum – President & CEO

I think it's getting better. There's still a lot of questions about 2013, because for 2011, the retooling effort has been at the back end. We're taking measures that were never developed for electronic data sources, and we're turning them, we're developing those specifications. And at times, there's also some changes in the measures. We hope actually for 2013 that the process will be a little different because the development of those E-specifications really need to be at the front end about this is 2011 rework situation to retrofit measures into what we need. But in 2013, we would hope to see that process much earlier on.

We're going to have our challenges in 2013, I don't want to underestimate those. But I do think that we're now laying out a time schedule and turning to some alternative paths here, some of which I think will be quite realistic. We're certainly on top of it, I'll put it that way, but we will have our challenges going forward.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Great, thank you. Other members of the committee, questions that you have for Janet? Janet, you're always so none controversial.

Aneesh Chopra – White House – CTO

John, it's Aneesh, can I just ask Janet for a brief, would you be so kind, Janet, to share a few words about how kind of grassroots sort of position engagement processes are part of the summer of activity if you will? Will there be methods by which doctors out in the field will contribute to some of these measures?

Janet Corrigan – National Quality Forum – President & CEO

I think there's a couple of ways that that can happen, one of them of course, during the whole public comment period. But in addition to that, all of these outreach activities from different groups involve physicians and ... and other clinicians from the front line. So the environmental scan is out there in 12 systems that are a bit more advanced in terms of HIT, so clearly at the frontline.

I think in addition to that and the public comment period, any of these convening activities over the summer that are sponsored by a variety of different groups will also have a broad basis input from a whole lot of different groups in addition to the medical community. Of course as soon as measures move into the NQF, they become publicly vetted with extensive input from the frontlines out there.

There's also a small group operating that has, that ... and NQF have come together to get input from, which includes numerous clinicians on the frontline to help us sort through what types of measures might be quite appropriate, especially, if we begin to look at longitudinal patient episodes. This is really an effort that builds on many other activities that are underway.

Aneesh Chopra – White House - CTO

Thank you.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Should we define the frontline here? I get the feeling that Aneesh is talking about physicians in general practice and Janet's talking about the advanced physicians.

Janet Corrigan – National Quality Forum – President & CEO

I think both are actually, my sense would be both are frontline and both are critical to have inputs from. I think both are probably, I wouldn't say that all the activities that I've referenced are physicians in the advance practices. The environment scan is, but I think many of the other convening activities are broader than that. And it's a point very well taken, because we really need to be thinking about those small practices and how rapidly they can adapt to this as well.

Aneesh Chopra – White House - CTO

Thank you.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Great.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Janet, this is Walter Suarez, just one perhaps comment. I would think that one of the sources of 2013 measures would be any measures that did not make it in the final 2011 meaningful use rule. Would that be your expectation too?

Janet Corrigan – National Quality Forum – President & CEO

It seems like they would certainly be one's that we would want to consider. I think it'll depend in part on the approach that the policy committee takes to identifying it's priorities for 2013. And they certainly would be ones those that are a candidate in the sense that we will be retooling virtually about 110/115 or something measures over the summer and into the fall. So that's virtually almost the full set of NPRM measures. So they would be ready to go, but whether they line up with the priorities of the policy committee and then eventually get selected through the ONC process, we'd have to wait and see.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Janet, this is Carol. I'm wondering, I understand that measure harvesting is one important for this right now, particularly for areas where there are gaps. But I'm also wondering whether there's any consideration being given to a much more vibrant process for not only harvesting measures or developing measures, but for testing validation in sort of an ongoing full circle of measured evaluation and testing out in the field that matches I think what the ongoing demands of both meaningful use and health reform are going to require. In other words, it's not just finding the measures and putting them out there, there really I think is important opportunity now to evaluate a more vibrant process for testing and validation even after they have been approved.

Janet Corrigan – National Quality Forum – President & CEO

The testing and validation, I would hope was a vehicle that would actually be before they've been endorsed, because it's a requirement of an endorsement to do the testing and validation. And I think that that process really does need to come earlier on. Although I recognize in our current world we're probably going to have to retrofit a bit, just given the pace of which it's at.

It's a point well taken and I think there are discussions underway to think about how to speed that up. And I will be very candid, what's hampering those discussions is that I think we often fail to appreciate that the cost of measure, development, and testing in our current world right now is born by a variety of different private sector groups. And until there are sources of funding for measure, development, and testing, which are included in PACA, which had to decide 75 million a year for those efforts, but there have been no appropriation.

So given that there aren't public resources available, what we're working with in terms of an infrastructure for measure, development, and testing is basically attempting to work through a collaborative effort to try to encourage those private sector groups to develop measures in the key gap areas, to begin to explore that rapid development and testing. But without resources available to support that from the public sector side, I think it's going to be a bit of an upward battle.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, just to be clear, I was making the assumption that measure, testing, and validation happens or they're endorsed. I'm actually purposely raising this as a downstream activity, because on the environment changes, the data changes, the software changes, the practice changes, and I think we've gotten use to sort of doing some validation and testing on the frontend. But we've not ever rolled out measures on this scale to this extent, and in an environment where we're largely talking about EHRs as opposed to other sources of information.

And I would suggest that there will be many opportunities to learn and evaluate those measures after they're widely deployed that may not present themselves in the initial testing process or validation process that happens before they get fully endorsed. I am actually speaking of something that is full circle and that is an ongoing process of deciding which measures may not be serving their purpose any longer or may need to be subset or which measures may need to be replaced in an ongoing way. And I think just to the point of the funding that you raised, it would be very important from my perspective to

begin to raise these issues as part of the implementation of the measures, not just sort of looking at the reporting of measures amongst providers in the health systems, but also to engage a community of implementers who can help evaluate these things once they go out into the field.

Janet Corrigan – National Quality Forum – President & CEO

That's a great point and it's actually been a crying need for some time. Because although it may happen on a larger scale as we move to an electronic platform that we really need to have that, I firmly believe we needed to have this for about ten years now. We've been rolling out measures for a long time and they have been used really quite extensively, at least on the hospital side, and less so on the physician side for some time with very, very minimal evaluation once they rollout.

There's early developments to get feedback links in place, and there is a formal check in on measures on an annual basis, and a comprehensive evaluation of measures every three years, but that has not had much, there's been very little information from the frontline as to whether or not those measures were achieving their intended purpose and even less information about only anecdotal information about whether there were unintended consequences. That has been recognized as sort of a key piece of the quality enterprise that needs to be built and it needs to be built even more rapidly given the HIT side. So hopefully, we can get more traction on that. I think those are very good points that are well taken.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Thanks very much for that discussion. Aneesh, we have spent the first hour of the meeting while you were giving your key note in a very, very rich discussion of alignment with the need of framework, alignment with NHIN Direct, alignment to privacy and security tiger team, and the discussion a little bit on the administrative 1561 stuff. So I feel like the HIT Standards Committee is now fully re-engaged and aligned with all these activities.

And I know that you were supposed to go at 10:15, Dixie, is it okay if Aneesh just does his presentation first?

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

That's fine.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

So Aneesh, as you had just said, tell us a bit about the implementation workgroup and your new administrative taskforce for 1561.

Aneesh Chopra – White House – CTO

Thank you, John. I will take you off speaker so it's easier to hear. Let me begin by saying, sorry, I've been a little bit missing in action for the last couple of meetings. But I am back in full force, and has actually assigned my deputy, who is on the call as well, Eugene, to make sure that we are fully, fully engaged.

With that in mind, I'd like to share with you a couple of updates on the work we're doing. The first of those updates is that one of the key recommendations for the implementation workgroup had been essentially engaging in a librarian-like function to provide for an open platform where resources could be shared and supportive for those organizations looking to get information on how to achieve the standards as part of our work on meaningful use. The ONC has been actively engaged in a series of RFPs, those RFPs are engaged on the street. I don't recall, Doug, are you still with us on the phone?

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I'm still here.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

And Doug has circulated a 14 megabyte file with those RFPs in it, and I'll be putting it on my blog and we will make sure that you guys all get a copy of it.

Aneesh Chopra – White House – CTO

Oh, good Lord, yes. The traditional government RFPs are probably one hundred pages of legalese for every one page of sort of true substance, which is sort of the ratio that we see here. So maybe the 14 megabytes might be summarized in a more simplified manner. But nevertheless, I don't want to put Doug on the spot, but the key message on the implementation side is that when we engage and complete this procurement activity, we will have a resource that this committee can help advise on so that we achieve the things that we had talked about earlier of making it easy for folks to engage. Doug, did you want to say a word about where we are in that process?

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Yes, we gave an update a little bit earlier. We had a little glitch in some of the funding regarding OMB and had to write in NHIN business case, basically to make sure that I they understood how all the pieces fit together. We completed that process and got approval last week, and so the funds will actually start flowing. It's important because all of the pieces have to fit together that we kind of have, we don't sort of fund one piece of the puzzle, maybe step four, when we haven't funded steps one, two, and three.

And so now that we have all the pieces together, we can actually move forward, 8 of the 11 are actually in process right now. They're in PSC, we've identified the contractor. No award notices have been made yet until we get the remaining suite completed. We expect that to be completed within the next probably four to six weeks with all of that.

I think you'll be happy to know as well that in every single one of the RFPs, we included a task that involves tooling. So not only do we have an RFP specifically devoted to developing tools, each one of the contracts has in it the desire to be able to say, if there's anything we can do to automate, to create tools in the infrastructure that will make this easier, we have the mechanisms to do that.

Aneesh Chopra – White House – CTO

Excellent. John, maybe I'll just rip through the last piece of this and then open it up for questions. The second half of this is on a recently enacted working group on the enrollment standards. So for those of you who have followed the health care reform conversation, a key provision of the law was for the simplified enrollment of those who are seeking our services with respect to electronic data filings. As a state government guy, I can assure you, this has been music to our ears. The amount of paperwork necessary to apply for Medicaid and other human services programs, where a lot of the source documents come from other governmental sources is frustrating and challenging and encumbersome and frankly inefficient.

Our group well within 180 days of enactment, which puts us in the fall timeframe. In consultation of course with both the policy and standards committees, will focus on interoperable and secure standards for those enrollment opportunities, the human services recipients to enroll in federal and state programs. The key provisions of this of course will be kind of the electronic documents that are needed, how we exchange the information across state and local agencies and the feds, and as well to think about how we can capture eligibility information in a certain manner allow for the reuse of that information so that if you're enrolling in a high-risk pool, you might also look to see if you're capable or qualified for some other human services programs.

The key message point here is that we're getting the process started. The ONC has designated myself and Sam Karp from the California Healthcare Foundation to co-chair this effort. We're asking for those who wish to serve on this body to talk to the John brothers and to give us your interest in participation. We're having that open meeting, that first meeting on June 14th to kick off this work, and we'll have a very aggressive timeframe from June and through the fall. That is the only basis of the conversation we have today, obviously not having had our first meeting, I don't know how much further we can go.

But with that, I'll turn it back to you, John, if you have any chance for getting questions and comments.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Just to clarify the John brothers comment of course, there are many, many folks today named John, John Glaser, John Perlin, John Halamka. So it turns out that Aneesh has asked for if as we had talked about for the working group to review NHIN Direct, that if there were members of the HIT Standards Committee or your companies or others that you feel are experts in the world that would help this 180-day effort, which only has a 120 days left, rapidly assess the state of the enrollment transactions and make recommendations for all these things that you've seen on this slide. Certainly, Aneesh, would you like Judy Sparrow to coordinate that list for you?

Aneesh Chopra – White House – CTO

That's exactly right. So the idea would be similar to the other programs. If folks on the committee could contact you, John, and John Perlin, as co-chairs, reference their interest in this and then Judy Sparrow will collect those names for us to turn around.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

Great. So certainly feel free to self-nominate, suggest folks in your companies, or those externals to your companies that are known experts.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Aneesh, this is Walter, I have a quick classification question.

Aneesh Chopra – White House – CTO

Yes, sir.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

The scope of the 1561 section is primarily and perhaps exclusively to apply to federal and state public programs, is that correct? It doesn't apply to the enrollment process in the private sector, commercial enrollment and others?

Aneesh Chopra – White House – CTO

No, no. And frankly, a lot of this has to do with questions. I'll give you an example, Walter. Today if you're applying for the federal student loan program, some portion of the data elements needed to apply for that program are actually information that you filed with the IRS. So we've established a customer centric approach that if you log in to your IRS account if you will, you can transfer the relevant information and have that pre-populate your student form.

Now that's an example of an electronic method by which information is exchanged at your control and within your approval, so that it's simpler for you to apply for the student loan program. That's an example of how data sharing activities and the method by which one would go about doing them might have the

same. If you look at the average Medicaid application in Virginia, 13 pages, 9.0 font or whatever it is, I'm assuming in California, Walter, it's similarly painful.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes, and this is not to say that private health or health plans that administer public programs would not be affected by this of course. Because I think this enrollment process on public programs would also attach of course those private health plans that help administer those public programs. But I just wanted to make sure that there's this commercial world of enrollment that is probably not going to be affected directly by this. Although, God knows that there's—

Aneesh Chopra – White House – CTO

Yes, although, having said that Walter, I would say this, the best practices for how one can electronically enroll would be most certainly welcome on the committee so that we understand what's at the state-of-the-art.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Aneesh, this is Anne Castro.

Aneesh Chopra – White House – CTO

Hello, Anne.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Hello, sorry, I have a cold, so it sounds like an imposter. But would this not have some relevance in payer enrollment as it has to do with the exchanges in the future?

Aneesh Chopra – White House – CTO

Yes. It is most certainly an important component of the exchanges by 2014. So that is most certainly in scope, so private plans on the exchanges for electronic enrollment, yes, indeed.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Okay, thank you.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Hello, this is Stan Huff. Is there an idea of what family of standards this would fall into? Are you thinking this would be similar in technology and format to X12 transactions or a new transaction from HL-7 or some entirely new approach to?

Aneesh Chopra – White House – CTO

I wouldn't want to get ahead of the process, but I would pretty much state as the nature of how we've operated thus far, a focus on simplicity, a focus on building on what works is obviously kind of a foundational posture that we've taken thus far. So I can't imagine some completely new off-the-shelf random approach that doesn't exist in nature today. But then again we haven't even had the first meeting, so there may be those who have that view on the committee, but I'm not envisioning it. What I'm envisioning it doing at a minimum is understanding the current state-of-the-art and to identify gaps and to see what we can do to close them.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Thank you.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

And just to clarify of course, this is data standards, not transport standards, is that right?

Aneesh Chopra – White House – CTO

That's right.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

So you would think, Stan, that X12 and HL-7 are rational candidates for this kind of thing and that workgroup will consider them. Anything else for Aneesh? Okay, Aneesh, thanks so much. And next, Dixie, tell us about all of the great work you've been doing, investigating consent, and where the privacy and security workgroup is heading.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

Okay, I'd be happy to. Okay, go to the first slide, the first slide is, I don't think I have control, right? Can you? Yes.

W

Dixie, I can give you control right now, because I know you've used this technology before, just one second, and I'll give you the ability to push your own slides.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

Yes, that'll be fine, but I don't have very many and I have no animation.

W

Oh, well there you go, you should be ready to go.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

Okay, thank you very much. Yes, as John mentioned, we launched a couple of months ago an effort to examine standards activities that were underway that were related to the management of permissions. Permissions to include consents and authorizations both. So over the past month we had a third of these presentations, which was an excellent presentation by Iwana Singeronu, I probably mispronounced her last name, who did an excellent job of presenting the HL-7 work in this area.

HL-7 has developed a draft standard for trial use that has been approved, which is the component privacy consent directive domain analysis model, and she presented that. And then what goes along with it is the implementation guide for that consent directive, and that's a ballot that was released this month, May, 2010, for the draft standard for trial use for the implementation guide. And I'll show you in the next slide what that's all about.

The next session, which it will probably be the last of this educational series, is on June 17th, and any of you who are interested in dialing in let Judy know. We will have Mike Davis, who's from the Veterans Health Administration. The VHA is one of the two pilots of the HL-7 consent directive standards, as well as the OASIS, across enterprise security and privacy authorization standard, and XACML, extensible access markup language standard, and the other one is SAMHSA.

Mike will talk about that pilot that the Veterans Health Administration is conducting. So it really will bring together everything that we've heard about in the area of consent and probably the most advanced work that's being done in the area of permissions management. So again, please let Judy know if you would

like to be included. We routinely invite both the privacy and security policy workgroup, as well as the standards workgroup to these sessions.

This is a slide adaptation of one of the slides that Iwana presented. On the left you'll see at the top, the domain analysis model that was developed by HL-7 and is a draft standard for trial use release right now. And the standard calls for the sharing of permissions using as a CDA document. And then the policy XACML related to that expresses the permissions that individual patients using common terminology pass between organizations. And then at the other side of it, these permissions are translated into access control rules or digital rights management rules or whatever, and then by computer and then enforced through access control rules at the other side.

I can give you an example on the right hand side of one of these, which is being one example that actually is being implemented into KJ and in the NHIN exchange software itself, contains Jericho systems solution for providing special purpose XACML compliant policy decision point capabilities. And in NVHA they're using that Jericho solution to do that translation between the individual patient permissions into an access control rule. What I mean by that is a person might say I give permission to share my lab reports with Mayo Clinic in Phoenix. And then once that permission goes across, the rules engine will interpret that into an access control access allowance at the other end that will allow the lab reports to be viewed.

Also, a couple of weeks ago, we were asked to provide some inputs to the health information technology policy committee regarding some of the policy needs that I've mentioned since we've gone along to this group. There were several places where we saw technology solutions that really had no legal and policy underpinnings and so we did provide some of that back to the policy committee of where additional policy is needed. And that work probably will become input into this new tiger team that we're supporting as well.

Last week Joy talked to our workgroup about the ONC's plan that she talked about earlier in this committee meeting, and they would work intensively over the summer to define privacy and security policy. So our workgroup encouraged the inclusion of technical expertise in that workgroup, in that tiger team, and we'll continue to support that tiger team however Joy deems it appropriate as we move forward.

So are there any questions?

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Thanks, Dixie. And so as folks have heard, it's just so very important that we marry policy and technology. And I think with Joy's leadership, Dixie's leadership on our side, that we're very much converging on an approach that will tie together all the threads that have been separate to date.

So other comments or questions? Wow, okay, no controversy here. So Dixie, you love, as my venue today, I'll be giving a lighter lecture at the National Library of Medicine, and I'll be talking about the grand challenges of informatics. And one of the things I'm going to be talking about is segmentation of the record and how it is that informaticians and medical librarians can start thinking through how if we have wonderful policies and wonderful consent rules, we can actually apply them in the real world to the messy data that we generate as clinicians?

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

Good topic, good topic.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Any other comments on the security side? Well then, John Perlin, let me just do the quick capsule review of where I think we have come to as next steps, and then turn it back to you, that we're going to have our next meeting on the 30th of June. And at that time, I hope, Doug, you'll be able to share with us the state of the RFPs and the state of the concept of operations document, so we'll have a full update on really where this NIEM framework is and how we can be helpful. And presumably we'll be exercised, Aneesh, for your 1561 work, so not only have they done an initial instantiation of C-32 to show that it can work, but that 1561 over 120 days will be put through this framework and there will be much to be learned along that path.

By the next meeting of course have the full report on how NHIN Direct small working group has given feedback to NHIN Direct at the technical side. We'll hear from Dixie as to how the initial meetings of privacy and security tiger team has worked. And hopefully Aneesh will have next steps, given the RFPs will have been announced on getting some of the implementation workgroup artifacts into what will be some of the tools and technologies made available by those contractors, and also where you are on 1561. And then of course your usual working group updates, ... in the task force on vocabularies, which is continuous work, and quality which continues into work.

So I think we'll have a very rich meeting on the 30th. And of course, there may be little things like the revision of the IFR that could come out, but this is the federal government, so no one's talking. But rumor on the street is, hey June, it could be, and I'm sure that all of us will be awaiting that and there will be rich discussions as to whether they got the balance between vagueness and specificity exactly right.

So John Perlin—

M

No pressure.

John Halamka – Beth Israel Deaconess – HITSC Co-Chair

No pressure.

Jonathan Perlin – Hospital Corporation of America – CMO & President

No pressure at all on the ONC for that one. Obviously all of us will wait with baited breath ... like the standards committee and roles, as well as the roles of our daily life. John, I think it was a terrific summary. I think the overriding principle is the increased communication, particularly with this trend toward increased activity in response to PACA.

There were a couple of opportunities that were mentioned to nominate self or colleagues who are experts regarding the privacy and security tiger team and such. And I think we really owe it to the field more broadly, as well as to ONC to make sure that the individuals we nominate bring the appropriate expertise and experience to give, not only good philosophical advice, but good pragmatic frame of reference in which to couch that.

Welcome some from our committee to Joy in particular in your new role and congratulations, look forward to closer working with you. Arien and Doug, ongoing continuing activity. Doug, appreciate your leadership to the entire office really for taking a little bit of an unusual trajectory through today's agenda to really tee up for future opportunities that explain a little bit of the busy month that we've all just experienced. So I think that's it, I hope people have good safe Memorial Day holidays.

Judy Sparrow – Office of the National Coordinator – Executive Director

Oh, John?

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

John, There are public comments we just need to do.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, this is the public comment portion of the meeting.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Thank you.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Operator or anybody on the phone if you wish to make a comment you just need to press star one to speak or enter a comment in the public comment field to the left of your presentation. So let me take a moment and wait and see if anybody wants to make a public comment.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

There is no one in the Switzer Building who is making a public comment, so we're awaiting anyone on the phone.

Moderator

We do not have any public comment on the phone.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great, thank you.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

Great. And John Perlin I think you were about to wish folks a safe holiday and safe travels.

Jonathan Perlin – Hospital Corporation of America – CMO & President

That sounds like the perfect close. So thanks all for your time today and reconvening in person next month. Thanks to the ONC staff and you John Halamka.

John Halamka – Beth Israel Deaconness – HITSC Co-Chair

And I'll summarize today's discussion on my blog, will be live tonight. So thanks so much everybody and you have a good day.

W

Thank you.

Dixie Baker – Science Applications Intl. Corp. – CTO, Health & Life Sciences

Thank you.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thanks.